

Survey for Program and Facility Users – Western Placer Unified School District

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|--|-------|
| Name of Person Completing Form (optional): | Date: |
| Address (optional): | |
| Phone (optional): | |
| Name of Western Placer Unified School District Facility, or Type of Program or Service on which you are providing input: | |

| | | | |
|--|-----------------|--|-----------------|
| What is your relationship to the Western Placer Unified School District? (Circle all that apply.) | | | |
| Visitor | Contractor | Participant of a Program, Service, or Activity | |
| Student | Parent | Employee | Other: |
| Circle all programs, services, or activities in which you participate at the facility. | | | |
| Classes | Meetings | Work (Volunteer) | Work (Employee) |
| Recreation | Sporting Events | Other (please describe): | |

Key: NA =Not Applicable, DK=Don't know

| QUESTION | YES | NO | NA | DK | COMMENTS |
|--|-----|----|----|----|--|
| 1. Have you ever requested an accommodation for a disability from the District? | | | | | |
| 2. If an accommodation was requested, was your accommodation made by the District? | | | | | If yes, what accommodations were made? |
| 3. Have you experienced any <u>exterior</u> barriers, nonaccessible areas, or nonaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, etc.) | | | | | If yes, please describe. |
| 4. Have you experienced any <u>interior</u> barriers, nonaccessible areas, or nonaccessible programs inside the facility? (Examples: stairs only to the facility, narrow doorways, protruding objects in the hallways, lack of assistive devices, missing or inappropriate signage, lack of interpreters, etc.) | | | | | If yes, please describe. |
| 5. Is accessible seating provided for individuals with disabilities at programs, community events, etc. held at the facility? | | | | | If no, please describe. |

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| QUESTION | YES | NO | NA | DK | COMMENTS |
|--|-----|----|----|----|--------------------------------|
| 6. Are you aware of any <u>programs, services, or activities</u> that are not accessible to individuals with disabilities? | | | | | If yes, please describe. |
| 7. Are you aware of any <u>areas and elements of the facility</u> that are not accessible to individuals with disabilities? | | | | | If yes, please describe. |
| 8. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters), alternate formats, specialized equipment, or assisted services, etc.? | | | | | If no, please describe. |
| 9. Is there adequate directional and informational signage provided at the facility? | | | | | If no, please describe. |
| 10. If you have requested auxiliary aids, interpreters, or specialized equipment, was your request accommodated? | | | | | If no, please describe. |
| 11. Do you know who to contact to request accommodations for yourself, a relative, or a friend with a disability? | | | | | If yes, who would you contact? |
| 12. Is the attitude of the Western Placer Unified School District (or its employees) towards you, or someone you know with a disability, generally helpful, supportive, positive, and proactive in solving accessibility issues? | | | | | Please describe. |
| 13. Other Comments (if more space is needed, please write on the back of the survey or attach additional sheets): | | | | | |
| 14. What do you feel is the highest priority for accessibility in the Western Placer Unified School District Accessibility Plan? | | | | | |
| 15. Would you like a copy of the Western Placer Unified School District ADA Transition Plan or Self-Evaluation? | | | | | |

Thank you for your input.

Surveys can be returned to Disability Access Consultants at 2243 Feather River Boulevard, Oroville, CA 95965. Comments can also be emailed to bthorpe@DAC-Corp.com or by phone to (800) 743-7067 or faxed to (530) 533-3001.

If you have questions or comments to address directly with the Western Placer Unified School District, please call Audrey Kilpatrick at (916) 645-6350. Information can also be sent or requested by fax at (916) 645-5295 or by email at akilpatrick@wpusd.k12.ca.us.

Survey for Facility Users – Western Placer Unified School District
Page 2 of 2

THIS SURVEY IS AVAILABLE IN ALTERNATE FORMATS